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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/775,888			ing Date 10/2004	☐ To be Mailed
APPLICATION AS FILED PART I (Column 1) (Column 2)								SMALL ENTITY			HER THAN ALL ENTITY
FOR			IUMBER FI	.ED NU	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A	1	N/A			N/A	
	EXAMINATION FE (37 CFR 1 16(o), (p),		N/A		N/A		N/A			N/A	
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 = *			1	x \$ = 1		OR	X 8 =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *			1	x \$ = 1		1	X 8 =	
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereol. See 35 U.S.C. 41(g)1/(g) and 37 CFR 1.16(s).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	L
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY GLAM/S HIGHEST											
AMENDMENT	05/26/2011	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 3	Minus	·· 20	= 0	ı	X \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 3	Minus	···3	= 0	ı	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))								_		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))					П			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus		=		X \$ =		OR	X 8 =	
M	Independent (37 CFR 1 16(h))		Minus	***	-		x s =		OR	x s =	
Ιĕ	Application Size Fee (37 CFR 1.16(s))					ı					
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
TC AL FE									OR	TOTAL ADD'L FEE	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2". "If the "Highest Number Previously Paid For "IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1 in the paid of "(Total or Independent) is the highest number found in the appropriate box in column 1 in the paid of "(Total or Independent) is the highest number found in the appropriate box in column 1 in the paid of "(Total or Independent) is the highest number found in the appropriate box in column 1 in the paid of "(Total or Independent) is the highest number found in the appropriate box in column 1 in the paid of "(Total or Independent) is the highest number found in the appropriate box in column 1 in the paid of "(Total or Independent) is the highest number found in the appropriate box in column 1 in the paid of "(Total or Independent) is the highest number found in the paid of "(Total or Independent) is the highest number found in the paid of "(Total or Independent) is the highest number found in the paid of "(Total or Independent) is the highest number found in the paid of "(Total or Independent) is the highest number found in the paid of "(Total or Independent) is the highest number found in the paid of "(Total or Independent) is the highest number found in the paid of "(Total or Independent) is the highest number found in the paid of "(Total or Independent) is the highest number found in the paid of "(Total or Independent) is the highest number found in the paid of "(Total or Independent) is the highest number found in the paid of "(Total or Independent) is the highest number found in the paid of "(Total or Independent) is the highest number found in the paid of "(Total or Independent) is the highest number found in the paid of "(Total or Independent) is the highest number found in the paid of "(Total or Independent) is											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPT To to process) an application of the completion of the completi ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.